

<i>SERFF Tracking Number:</i>	<i>UNON-125610013</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10032974 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company		
Product Name: 2008 CP Form/Rule Filing	SERFF Tr Num: UNON-125610013	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #10032974 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 08-CP-FM-15	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Frances Linker, Mark Jones, Tamara Manuel	Disposition Date: 04/23/2008
	Date Submitted: 04/18/2008	Disposition Status: Approved
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: 10-08 CP AR Form/Rule Filing	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/23/2008	
State Status Changed: 04/22/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose adopting the following form on a prior approval basis:	

CL CP 01 10 03 08 Amendment – Water Damage Exclusion

<i>SERFF Tracking Number:</i>	<i>UNON-125610013</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10032974 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
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CL PN 21 24 03 08 Commercial Property Notice to Policyholders – Amendment – Water Damage Exclusion

CL CP 01 10 is a clarification of the water damage exclusion in the ISO Causes of Loss forms that water released from any man-made water or flood control device is an excluded cause of loss. Concurrent causation language has been added to clarify that such loss is excluded regardless of any other cause or event that may contribute concurrently to the loss.

CL CP 01 10 will be a Mandatory Form attachment to all Commercial Property policies.

We ask approval for this filing to be effective October 1, 2008 (new and renewal).

We are also enclosing a copy of our revised company rule page.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

Should you have any questions or wish to discuss this matter further, please feel free to write, email (flinker@usic.com), or call me at (800) 444-0049, extension 2465. My fax number is (972) 719-2301.

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst	flinker@usic.com
P. O. Box 152180	(972) 719-2400 [Phone]
Irving, TX 75015-2180	(972) 719-2301[FAX]

Filing Company Information

Acadia Insurance Company	CoCode: 31325	State of Domicile: New Hampshire
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2465 ext. [Phone]	FEIN Number: 01-0471706	

Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C

SERFF Tracking Number:	UNON-125610013	State:	Arkansas
First Filing Company:	Acadia Insurance Company, ...	State Tracking Number:	#10032974 \$50
Company Tracking Number:	08-CP-FM-15		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	2008 CP Form/Rule Filing		
Project Name/Number:	10-08 CP AR Form/Rule Filing/		

Irving, TX 75015-2180 (972) 719-2400 ext. 2465[Phone]	Group Name: W. R. Berkley FEIN Number: 42-0594770 -----	State ID Number:
Union Insurance Company 122 W. Carpenter Freeway Suite 350 Irving, TX 75039 (972) 719-2400 ext. 2465[Phone]	CoCode: 25844 Group Code: 98 Group Name: W. R. Berkle FEIN Number: 47-0547953 -----	State of Domicile: Iowa Company Type: P&C State ID Number:

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<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010032974	\$50.00	04/16/2008

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<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/23/2008	04/23/2008

<i>SERFF Tracking Number:</i>	<i>UNON-125610013</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10032974 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Disposition

Disposition Date: 04/23/2008
Effective Date (New): 10/01/2008
Effective Date (Renewal): 10/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>UNON-125610013</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10032974 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
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<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendment - Water Damage Exclusion	Approved	Yes
Form	Com'l Property Notice to Policyholders - Amendment Water Damage Exclusion	Approved	Yes
Rate	AR-CF Rule	Approved	Yes

SERFF Tracking Number: UNON-125610013 State: Arkansas

First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10032974 \$50

Company Tracking Number: 08-CP-FM-15

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Product Name: 2008 CP Form/Rule Filing

Project Name/Number: 10-08 CP AR Form/Rule Filing/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment - Water Damage Exclusion	CL CP 01 10	03/08	Endorsement/Amendment/Conditions	New		CL CP 01 10 03 08.pdf
Approved	Com'l Property Notice to Policyholders - Amendment Water Damage Exclusion	CL PN 21 24	03/08	Disclosure/ Notice	New		CL PN 21 24 03 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – WATER DAMAGE EXCLUSION

This endorsement modifies insurance provided under the following:

CAUSES OF LOSS – BASIC FORM

CAUSES OF LOSS – BROAD FORM

CAUSES OF LOSS – SPECIAL FORM

B. Exclusions is amended as follows:

Paragraph **g. Water** is replaced with the following:

g. Water

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- (2) Release of water held by a dam, levee or dike or by any other water or flood control device;
- (3) Mudslide or mudflow;
- (4) Water that backs up or overflows from a sewer, drain or sump; or
- (5) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows or other openings.

We do not insure for loss or damage caused directly or indirectly, in whole or in part, by water as described in g.(1) through g.(5) above;

- (1) Regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage; or
- (2) Whether the loss or damage occurs suddenly or gradually, is isolated or widespread, arises from any natural or external forces, negligent or intentional acts of man, or occurs as a result of any combination of these.

But if Water, as described in **g.(1)** through **g.(5)** above, results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

COMMERCIAL PROPERTY

NOTICE TO POLICYHOLDERS

AMENDMENT – WATER DAMAGE EXCLUSION

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy. If there is any conflict between this Notice and the policy, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement, which applies to your renewal policy:

AMENDMENT – WATER DAMAGE EXCLUSION CL CP 01 10 03 08

This endorsement clarifies the water damage exclusion under the Cause of Loss form applicable to your Commercial Property insurance that there is also no coverage for loss or damage caused by or resulting from release of water held by a dam, levee or dike or by any other flood control device. Such loss or damage is excluded whether caused directly or indirectly by such release of water regardless of any other cause or event that contributes to the loss or damage. The exclusion in this endorsement applies to all coverages provided by your Commercial Property insurance, including (if any) property damage and business income coverages. To the extent that a jurisdiction may have considered the water damage exclusion ambiguous, attachment of this endorsement may be considered a reduction in coverage.

Other insurance companies may or may not have this exclusion in their current policies

**PLEASE CONSULT YOUR AGENT FOR ASSISTANCE WITH QUESTIONS
REGARDING THIS CHANGE OR OTHER INSURANCE MATTERS**

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<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNON-125610013</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10032974 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	AR-CF Rule	Page 1-18	Replacement	10-08 CP Manual.pdf

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**RULE A6.
ELECTRONIC COMMERCE ENDORSEMENT - CP 04 30**

D.	Loss Cost per \$100 of Coverage Limit					
		\$500 Ded.	\$1000 Ded.	\$2500 Ded.	\$5000 Ded.	\$10,000 Ded.
	Loss Cost	0.250	0.225	0.206	0.194	0.188

**RULE 8.
POLICY WRITING MINIMUM PREMIUM**

		CWIC & UIC	AIC
A.	Policy minimum premium	\$300	\$1,000
B.	Policy minimum premium	\$300	\$1,000

**RULE 9.
ADDITIONAL PREMIUM CHANGES**

Paragraph **A.2.** is replaced by the following:

A. Calculation Of Premium

2. In computing the additional premium for additional locations (except for average rated policies), additional amounts of insurance on existing locations or for additional causes of loss, use the rates and rules in effect as of the date of the effective date of the policy. The additional premium developed is in addition to any applicable policy-writing minimum premium.

B. Waiver Of Premium

Waive additional premium of **\$15 or less**. This waiver applies only to that portion of the premium due or the effective date of the policy change.

**RULE 10.
RETURN PREMIUM CHANGES**

B. Waiver Of Premium

Waive return premium of **\$15 or less**. Grant any return premium due if requested by the insured. This waiver only applies to the portion of the premium due on the effective date of the policy change.

**RULE 31.
PERSONAL PROPERTY**

C. Rules

10. Valuable Papers and Records - Other than Electronic Data

The \$2,500 per-premises limit provided in the Coverage Extensions may be increased.

- c. Use a loss cost of \$0.10 per \$100 over the \$2,500 limit provided.

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**RULE 38.
BUILDING AND PERSONAL PROPERTY COVERAGE OPTIONS**

W. Limited International Coverage - Property Endorsements

1. Business Personal Property - International Travel

c. Premium Determination

CP 04 32 - Use a loss cost of \$0.25 per \$100 of coverage limit.

Minimum Premium	\$500.00
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2. Property in Process of Manufacture by Others

c. Premium Determination

CP 04 33 - Use a loss cost of \$0.50 per \$100 of coverage limit.

Minimum Premium	\$1,000.00
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**RULE 51.
BUSINESS INCOME COVERAGE OPTIONS**

B. Business Income From Dependent Properties

6. Limited International Coverage

c. Premium Determination - **CP 15 01**

Multiply the building rate of the main location by a factor of 0.30 to develop a rate per \$100 of coverage to be applied to the coverage limit.

**RULE 53.
EXTRA EXPENSE COVERAGE OPTIONS**

B. Extra Expense From Dependent Properties

5. Limited International Coverage

c. Premium Determination - **CP 15 02**

Use a loss cost of \$0.25 per \$100 of coverage limit.

Minimum Premium	\$500.00
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LOSS COST MULTIPLIERS

	CWIC	UIC	AIC
The loss cost multiplier is	2.794	2.330	1.072

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ADDITIONAL RULE(S)

COMMERCIAL PROPERTY EXTENSION ENDORSEMENTS

1. Description of Coverage

Commercial Property Coverage may be extended by attachment of one of the following endorsements listed in **2. Forms** below. These forms provide extensions of coverage at specified sublimits. The sublimits provided in each of the endorsements may not be increased.

The sublimits in the Extension may be superceded by other specific coverage specified elsewhere in the policy. Refer to the Other Changes section of the endorsement.

2. Forms

- a. **CL CP 00 01** PROPERTY EXTENSION ENDORSEMENT (A)
- b. **CL CP 00 02** PROPERTY EXTENSION ENDORSEMENT (B)
- c. **CL CP 00 03** PROPERTY EXTENSION ENDORSEMENT (C)
- d. **CL CP 00 11** PROPERTY EXTENSION ENDORSEMENT (D)

3. Eligibility

Use of the Extension endorsement requires Commercial Property Coverage to be written under the Special Cause of Loss Coverage Form.

4. Premium Determination

Compute the flat charge premium from the table below. The premium is in addition to any minimum premium and is not subject to any rate modification.

Enhancement Form	Initial Location	Each Additional Location
a. CL CP 00 01	\$150	\$25
b. CL CP 00 02	\$250	\$50
c. CL CP 00 03	\$500	\$75
c. CL CP 00 11	\$500	\$150

CHURCH GUARDIAN PROPERTY ENDORSEMENT

1. Description of Coverage

Commercial Property coverage is extended for eligible churches, synagogues and other houses of worship. Refer to the coverage for details of coverage and the sublimits provided. The sublimits provided in the endorsement may not be increased.

2. Form

CL CP 00 06

3. Eligibility

Building Coverage must be written using either the Basic, Broad or Special Cause of Loss Form. This form may not be used in conjunction with the Commercial Property Enhancement Forms - A, B, C, D.

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CHURCH GUARDIAN PROPERTY ENDORSEMENT (cont'd)

4. Premium Determination

Determine the flat charge premium from the table below. The premium is in addition to any minimum premiums and is not subject to any rate modification.

Each insured church	Premium	\$250
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RECREATIONAL VEHICLE PARK ADVANTAGE ENDORSEMENT

1. Description of Coverage

Commercial Property Coverage may be extended by attaching the endorsement listed in **2. Form** below. This enhancement provides extensions of coverage and sublimits. The sublimits provided in the endorsement may not be increased.

2. Form

Use form **CL CP 00 05**

3. Eligibility

Recreational park and campground operators insured under the Building and Personal Property Coverage Form, which meet the company underwriting guidelines. This form may not be used in conjunction with the Commercial Property Enhancement Forms - A, B, C, D.

4. Premium Determination

Each insured RV park/campground	Premium	\$100
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FOOD CONTAMINATION BUSINESS INCOME COVERAGE

1. Description of Coverage

Business Income Coverage may be extended to cover the suspension of operations due to the order of a governmental order involving actual or alleged outbreak of communicable disease or food contamination.

2. Form

Use form **CL CP 01 01**

3. Eligibility

Restaurant and hospitality accounts which are written with the Business Income and Extra Expense Coverage Form and meet the company's underwriting guidelines.

4. Premium Determination

1. Determine the premium for Business Income & Extra Expense Coverage after application of all rating factors, discounts, credits, debits, etc.
2. Multiply the premium from **1.** above times **1.15**.

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EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT

1. Description of Coverage

The coverage provided under this coverage form is for over 1,000 types of equipment including, air conditioning units, telephone systems, refrigeration units, motors, pumps, compressors, data processing equipment, business and communications equipment, electrical equipment, boilers, and much more. Coverage is provided for losses due to mechanical breakdown, steam explosion and electrical arcing, including equipment failure due to pressure, mechanical or electrical breakdown.

2. Form

- a. Use Equipment Breakdown Coverage Endorsement **CL CP 00 04** for risks that fall within eligibility guidelines below.
- b. For risks that are "refer to company" per eligibility guidelines below use **CL CP 00 12** Equipment Breakdown Deductible and Limits Exceptions Schedule in addition to **CL CP 00 04**.

3. Eligibility

The following values must be referred to company due to additional rate consideration:

- 1. Spoilage and/or Ammonia Contamination Product Values which exceed \$100,000 at any one location.
- 2. Any Account which generates their own electrical power.
- 3. Any location containing MRI, Cat Scans, or Diagnostic Equipment exceeding \$100,000 in value.
- 4. When the total values at any one location exceed \$25,000,000 on Office Buildings, Apartments and Condominiums; \$15,000,000 for all others.
- 5. All Manufacturing/Processing (including Printing) locations in which the Building/Content and Business Income Values exceed \$5,000,000.
- 6. Any account, which has had 2 or more Equipment losses paid in the past 3 years.
- 7. The following occupancies must be referred to company due to additional rate consideration:

- | | |
|-------------------------------|-------------------------------------|
| 1. Mining (all types) | 8. Aluminum |
| 2. Hydros | 9. Wire Drawing |
| 3. Sawmills/Pulp Paper/Veneer | 10. Glass Manufacturing |
| 4. Forestry Operations | 11. Roofing and Floor Manufacturing |
| 5. Chemical Manufacturing | 12. Pharmaceuticals |
| 6. Rubber Manufacturing | 13. Electrical Substations |
| 7. Recycling/Waste Operations | 14. Casinos |

4. Premium Determination

- a. **Charge 10.2% of the final Commercial Property premium, excluding Earthquake**, for risks that fall within the above eligibility guidelines - **CL CP 00 04** only.
- b. For risks that are "refer to company" in the eligibility section - refer to Division Two - Boiler & Machinery, Premium Determination.

MOLD EXCLUSION (FUNGUS, WET OR DRY ROT, BACTERIA OR OTHER MICROBE EXCLUSION)

1. Description of Coverage

Fungus means any form of fungus, or fungi, including mold, mildew, mushroom, toadstool, smut, or rust (a plant fungus) and any mycotoxins, spores, scents, vapors, gases, substances, or by-products produced or released by fungus or fungi.

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MOLD EXCLUSION (FUNGUS,WET OR DRY ROT, BACTERIA OR OTHER MICROBE EXCLUSION) (cont'd)

2. Form

Use form **CL CP 99 04.**

3. Rate Modification

Multiply the 80% or higher coinsurance direct. Property Damage loss cost for Building and/or Personal Property by the appropriate modification factor shown below. These factors reflect that current loss costs do not contemplate the present level of mold losses or the ever-increasing and potentially catastrophic losses due to mold and other forms of fungi.

- a. 1.00 factor to the Basic Group I Causes of Loss.
- b. 0.98 factor to the Basic Group II Causes of Loss.
- c. 0.98 factor to the Broad Causes of Loss.
- d. Special Causes of Loss:
 - (1) Building (Including or Excluding Theft) - 0.98 factor
 - (2) Contents: Excluding Theft Rate - 0.98 factor; Including Theft Rate - 1.00 factor

VALUE LIMITATION - ACTUAL CASH VALUE FOR ROOFS

1. Description of Coverage

This form revises the valuation of roofs damaged by windstorm/hail, rain, snow or ice from a replacement cost to an actual cash value basis.

2. Form

Use form **CL CP 01 02**

3. Eligibility

Any risk written on a Commercial Property Coverage Form with building coverage provided may be eligible.

4. Premium Determination

- 1. Determine the Group II Building premium, after application of all rating factors, discounts, credits, debits, etc. (If coverage is written on a combined Blanket Building and Personal Property basis, determine the percentage of building coverage to building and personal property coverage; and apply that percentage to the premium as noted above.)
- 2. **Multiply the premium from 1 by 0.95.**

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COSMETIC DAMAGE TO ROOF COVERINGS CAUSED BY HAIL - EXCLUSION

1. Description of Coverage

This endorsement excludes cosmetic loss or damage to roof coverings caused by the peril of Hail. Cosmetic loss or damage means only damage that alters the physical appearance of the roof covering but does not result in the failure of the roof covering to perform its function to keep out the elements over an extended period of time.

2. Form

Use form **CL CP 99 07**

3. Rate Modification

No rate modification applicable.

JANITORIAL SERVICES

A. Janitorial Services - Property Enhancement (CL CP 00 08)

1. This form may be attached to the Commercial Property Coverage Part for a janitorial risk if either **Property Extension Endorsement, CL CP 00 02 or CL CP 00 11** is attached.
2. This form enhances various property damages for a janitorial risk.
3. There is a \$100 flat charge for this endorsement.

B. Janitorial Equipment, Tools and Supplies (CL CP 00 09)

1. This form may be attached to the Commercial Property Coverage Part for a janitorial risk if the **Janitorial Services -- Property Enhancement CL CP 00 08** is attached.
2. This form provides up to \$10,000 for Equipment and up to \$1,000 for Tools and Supplies.
3. A \$250 deductible is applicable.
4. There is a \$100 flat charge for this endorsement.

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3. Rating Modification

Continental Western Insurance Company or Acadia Insurance Company

Individual Risk Premium Modification Plan - Company Exception

The company rates for the risk may be modified in accordance with the following rating table to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates. The total credits or debits under the following table shall not exceed -40% to +40%

Risk Characteristics	Description	Credit		Debit
Management	Cooperation in matters of safeguarding and proper handling of the property covered.	15%	to	15%
Location	Accessibility, congestion and exposures.	5%	to	5%
Building Features	Age, condition and unusual structural features.	10%	to	10%
Premises And Equipment	Care, condition and type.	5%	to	5%
Employees	Selection, training, supervision and experience.	3%	to	3%
Protection	Not otherwise recognized.	2%	to	2%
Financial Stability	Financial strength and resources	5%	to	5%
Persistency	Reduction in costs associated with renewal retention	5%	to	5%
Loss Experience	Losses and loss adjustment expenses less than anticipated and not reflected in the current rating	5%	to	5%

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

Union Insurance Company

Individual Risk Premium Modification Plan - Company Exception

The company rates for the risk may be modified in accordance with the following rating table to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates. The total credits or debits under the following table shall not exceed -60% to +60%

Risk Characteristics	Description	Credit		Debit
Management	Cooperation in matters of safeguarding and proper handling of the property covered.	15%	to	15%
Location	Accessibility, congestion and exposures.	10%	to	10%
Building Features	Age, condition and unusual structural features.	10%	to	10%
Premises And Equipment	Care, condition and type.	5%	to	5%
Employees	Selection, training, supervision and experience.	3%	to	3%
Protection	Not otherwise recognized.	2%	to	2%
Financial Stability	Financial strength and resources	5%	to	5%
Persistency	Reduction in costs associated with renewal retention	5%	to	5%
Loss Experience	Losses and loss adjustment expenses less than anticipated and not reflected in the current rating	5%	to	5%

NOTE: Individual Risk Premium Modification does NOT apply to Earthquake coverages.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
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<i>SERFF Tracking Number:</i>	<i>UNON-125610013</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10032974 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CP-FM-15</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2008 CP Form/Rule Filing</i>		
<i>Project Name/Number:</i>	<i>10-08 CP AR Form/Rule Filing/</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/23/2008
Comments:				
Attachment:	10-08 CP FormRule Trans.pdf			

Property & Casualty Transmittal Document (Revised 1/1/04)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #		
W. R. Berkley Corp.	0098		
4. Company Name(s)	Domicile	NAIC #	FEIN #
Continental Western Insurance Company	IA	10804	42-0594770
Union Insurance Company	NE	25844	47-0547953
Acadia Insurance Company	NH	31325	01-0471706

5. Company Tracking Number	08-CP-FM-15
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Frances C. Linker Irving, TX 75015-2180	Compliance Analyst	800-444-0049, ext. 2301	972-719-2348	flinker@usic.com
7.	Signature of authorized filer		<i>Frances C. Linker</i>		
8.	Please print name of authorized filer		Frances C. Linker		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0
10. Sub-Type of Insurance (Sub-TOI)	01.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Property
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/1/08 Renewal: 10/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	4/21/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-CP-FM-15
21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]	

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose adopting the following form on a prior approval basis:

CL CP 01 10 03 08 Amendment – Water Damage Exclusion
CL PN 21 24 03 08 Commercial Property Notice to Policyholders – Amendment – Water Damage Exclusion

CL CP 01 10 is a clarification of the water damage exclusion in the ISO Causes of Loss forms that water released from any man-made water or flood control device is an excluded cause of loss. Concurrent causation language has been added to clarify that such loss is excluded regardless of any other cause or event that may contribute concurrently to the loss.

CL CP 01 10 will be a Mandatory Form attachment to all Commercial Property policies.

We ask approval for this filing to be effective October 1, 2008 (new and renewal).

We are also enclosing a copy of our revised company rule page.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

Should you have any questions or wish to discuss this matter further, please feel free to write, email (flinker@usic.com), or call me at (800) 444-0049, extension 2465. My fax number is (972) 719-2301.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: will be mailed shortly Amount: \$50.00</p> <p>(\$50.00 per filing)</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)